

Case Number:	CM14-0108142		
Date Assigned:	08/04/2014	Date of Injury:	11/09/2010
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female with a reported date of injury on 11/09/2010. The mechanism of injury was not documented in the notes. The diagnoses included bilateral carpal tunnel syndrome. The past treatments included pain medication, physical therapy, and surgery. There were no diagnostic imaging studies provided for review. The surgical history included left hand carpal tunnel release. There were no subjective complaints on 05/01/2014. The physical examination noted full active digital extension and flexion to the left hand with no evidence of gross instability. The medications included Lidopro ointment. The plan was to continue and refill the medication. A request was received for LIDO/ME-SALCYL/CAP/MENTH (duration unknown and frequency unknown), for bilateral hands and wrists. The rationale was to relieve pain. The request for authorization form was dated 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIDO/ME-SALCYL/CAP/MENTH (duration unknown and frequency unknown), for bilateral hands and wrists.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: The request for LIDO/ME-SALCYL/CAP/MENTH (duration unknown and frequency unknown), for bilateral hands and wrists is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the requested topical compound contains non-approved formulation of lidocaine the request is not supported. Additionally, the dose, quantity, and frequency for the proposed medication were not provided. As such, the request is not medically necessary.